STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155486	A. BUILDING 02 B. WING	05/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDDLETOWN NURSING AND REHABILITATION CENTER	131 S 10TH ST MIDDLETOWN, IN47356

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/06/11 Facility Number: 000343 Provider Number: 155486 AIM Number: 100289600 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Middletown Nursing and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility consisted of the south wing, a one story wing determined to be of Type V (111) construction and fully sprinklered, and the north wing, a one story wing determined to be Type II (222) construction and nonsprinklered. The	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms which are electrically wired to an audible signal at the nurses' station. The facility has a capacity of 45 and had a census of 24 at the time of this visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/11/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following			
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure the 1 of 6 hazardous areas, such as a combustible storage room over 50 square feet in size, was provided with a self closing door. This deficient practice could affect 14 residents who reside on the Shirley Hall.	K0029	Door Closesure will be installed by 05-30-2011 in the Shirley Hall Storage room.The Maintenance Supervisor will check door closure on monthly basis.And any door are replaced in the future maintenance supervisor will make sure door closure is installed.	05/30/2011

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	Findings include: Based on observation on 05/06/11 at 12:50 p.m. .with the maintenance supervisor, the Shirley Hall storage room, which measured one hundred sixty square feet in area and had eighteen combustible cardboard boxes and stored paper supplies, had a door which was not equipped with a self closing device. This was verified by maintenance supervisor at the time of observation. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure hazardous areas in 2 of 4 smoke compartments such as soiled linen receptacles of more than 32 gallons within a 64 square foot area were located in a room equipped with self closing doors. Sprinklered hazardous areas are required to be equipped with self closing doors or with doors that close automatically upon activation of the fire alarm system. This deficient practice affects all residents in the facility. Findings include:			

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	Based on observation on 05/06/11 during a tour of the facility from 10:40 a.m. to 1:10 p.m. with the maintenance supervisor, the Sulphur Springs Hall corridor by resident room 104 and resident room 112 had two fifty five gallon soiled linen receptacles stored in the corridor and the Shirley Hall had one fifty five gallon soiled linen receptacle stored in the corridor by resident room 20. The receptacle size was verified on the bottom of each receptacle and verified by the maintenance supervisor at the time of observations and the soiled linen containers remained in place on 05/06/11 from 10:40 a.m. to 1:10 p.m. Based on an interview with the maintenance supervisor on 05/06/11 at 1:00 p.m., the fifty five gallon soiled linen receptacles are stored in the Sulphur Springs Hall corridor and Shirley Hall corridor during the day for staff use 3.1-19(b)			
K0067 SS=E	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on observation and interview, the facility failed to ensure 1 of 3 egress corridors was not being used as a portion	K0067	See attached	05/23/2011

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	of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a potion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects 14 resident who reside on the Shirley Hall. Findings include: Based on observations on 05/06/11 at 12:40 p.m. with the maintenance supervisor, the Shirley Hall egress corridor was being used as a return air system for seven resident rooms. This was verified by the maintenance supervisor at the time of observation. 3.1-19(b)			
K0075 SS=E	Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 Based on observation and interview, the facility failed to ensure soiled linen containers in 3 of 3 corridors did not exceed 32 gallons. This deficient	K0075	There will no longer be any containers in the hallways. There will be only containers in the	06/02/2011

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	practice could affect all resident in the facility. Findings include: Based on observation on 05/06/11 during a tour of the facility from 10:40 a.m. to 1:10 p.m. with the maintenance supervisor, the Sulphur Springs Hall corridor by resident room 104 and resident room 112 had two fifty five gallon soiled linen receptacles stored in the corridor and the Shirley Hall had one fifty five gallon soiled linen receptacle stored in the corridor by resident room 20. The receptacle size was verified on the bottom of each receptacle and verified by the maintenance supervisor at the time of observations. 3.1-19(b)		soiled utlility and hazard rooms.	
K0130 SS=E	OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review and interview; the facility failed to ensure 1 of 1 water heaters and 1 of 1 boilers had a current inspection certificate to ensure the water heater and boiler were in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of residents. This deficient practice could affect 18	K0130	The water heaters have been inspected and we are waiting for inspectors reports.Please see attached inspection reports	05/16/2011

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	residents who reside on the Sulphur Springs Hall. Findings include: Based on observation and record review with the maintenance supervisor on 05/06/11 at 11:45 a.m., the Sulphur Springs Hall mechanical room had one gas fueled water heater and one gas fueled boiler with a two year Certificate of Inspection hanging on the wall in a picture frame with an expiration date of 04/24/2010. This was verified by the maintenance supervisor at the time of record review. 3.1-19(b)			